

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-001487

STATE FILE NUMBER

AMENDED

Registration District No. 149
FILED JAN 18 1962

Primary Registration District No. 1002 Registrar's No. 64

I. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

KANSAS CITY

Length of stay in 1b

50 YEARS

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

ST. LUKE'S HOSPITAL

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

COUNTY

JACKSON

admission)

c. CITY
OR
TOWN

KANSAS CITY

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

1126 WEST 41ST TERR.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

ALICE

Middle

S.

Last

BARRY

4. DATE
OF
DEATH

Month

Day

Year

JANUARY

5

1962

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

8/20/96

9. AGE (last birthday)

65

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done

during most of working life, even if retired)

AT HOME

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

OMAHA, NEBRASKA

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

JOHN

SCHAUB

13b. MOTHER'S MAIDEN NAME

ROSE

MEYERS

14. NAME OF HUSBAND OR WIFE

GERALD F. BARRY

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, or unknown) NO

(If yes, give war or dates of service)

17. INFORMANT

Address

MRS. EUGENE MALONE HALSTEAD, KANSAS

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Thrombosis of Rt. Internal Carotid Artery

INTERVAL BETWEEN
ONSET AND DEATH

1 day

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Arteriosclerosis, Generalized

9 years

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Coronary Arteriosclerosis

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 3-22-60 to 1-5-62

Death occurred at 4:45 A.M.

and last saw her alive on 1-5-62

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

W. A. Slensky, M.D.

22b. ADDRESS

4620 Michels Pkwy. Kansas City, Mo.

22c. DATE SIGNED

1-6-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

BURIAL

23b. DATE

JAN. 8, 1962

23c. NAME OF CEMETERY OR CREMATORY

FOREST HILL CEMETERY

23d. LOCATION (City, town, or county)

KANSAS CITY

(State)

MISSOURI

24. FUNERAL DIRECTOR

D.W. NEWCOMER'S SONS KANSAS CITY, MO.

25. DATE RECD. BY LOCAL REG.

1-8-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Harold P. Reich

Licensed Embalmer No.

4998

P. O. Address

Kansas City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.